



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: ST. VINCENT ANDERSON REGIONAL HOSPITAL, INC.

City of Hospital: Anderson

Year Begin: 07/01/2012 (mm/dd/yyyy format)

Year End: 06/30/2013 (mm/dd/yyyy format)

Medicare Provider Number: 15-0088

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$200153120	Contractual Allowance	\$369687259
Outpatient Patient Service Revenue	\$403653270	Other Deductions	\$28871574
Total Gross Patient Service Revenue	\$603806390	Total Deductions	\$398558833

2. Deductions From Revenue

3. Total Operating Revenue

Net Patient Service Revenue	\$205247557
Other Operating Revenue	\$17212538
Total Operating Revenue	\$222460095

4. Operating Expenses

Salaries and Wages	\$67345652	Employee Benefits	\$19582609
Depreciation and Amortization	\$4618456	Interest Expense	\$555154
Bad Debt	\$14140512	Other Expenses	\$104271161
Total Operating Expenses	\$210513544		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$11946551	Total Assets	\$147717011
Net Non-operating Gains over Loss	\$4546119	Total Liabilities	\$40500725
Total Net Gains	\$16492670		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$309946286	\$227940488	\$82005798
Medicaid	\$84813760	\$57166426	\$27647334
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$209046344	\$113451919	\$95594425
Total	\$603806390	\$398558833	\$205247557

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$658296	\$618909	\$39387

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$94928	\$254442	\$-159514

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$19010	\$-19010
Community Education	\$0	\$420200	\$-420200

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	558
Number of Citizens Exposed to Health Education Messages	5260

Statement Six: Charity Statement

Hospital Charity Charges	\$28871574
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	Payments from	Less Costs to	Unreimbursed Costs
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	Clients	Hospital	to Hospital
Charity Care	\$0	\$7186627	
HCI Payments	\$0		
Subtotal	\$0	\$7186627	\$-7186627
Medicaid Shortfalls	\$27647334	\$34649248	
Subtotal	\$27647334	\$34649248	\$-7001914
DSH Payments	\$1,685,441		
Subtotal	\$29332775	\$34649248	\$-5316473
Medicare Shortfalls	\$82005799	\$100077777	
Other Government Programs	\$0	\$0	
Total	\$111338574	\$134727025	\$-23388451

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$873565	\$-873565
Community Assessment	\$0	\$601779	\$-601779
Provision of Taxes	\$0	\$125834	\$-125834
Other Allocations	\$0	\$0	\$0